

JEFFERSON COUNTY COMMISSION OCTOBER 1, 2012- SEPTEMBER 30, 2013

Open your eyes to high-quality vision care! The average family spends close to \$600 each year on routine eye health care. Using CompBenefits' VisionCare Plan, you will receive your routine eye health care with just a small copayment.

CompBenefits' VisionCare Plan provides coverage for:

- > Eye examinations
- > Frames
- > Eyeglass Lenses
- > Contact Lenses

Plus you will receive:

- > Discount on LASIK surgery
- > Preferred member pricing for other frame and lens options

Plus, when ordering from one of our network eye doctors, you will also receive in the year of your eye exam:

- > A 20% discount on a second pair of eyeglasses
- > A 15% discount on your contact lens fitting fee

MONTHLY RATES		SERVICE FREQUENCY		CO-PAYMENTS	
Employee only	\$ 6.14	Vision exam:	Once every 12 months	Exam:	\$10
Employee + one dependent	\$12.28	Lenses	Once every 12 months	Materials	\$20
Employee + family	\$18.06	Frame:	Once every 24 months		

SEE THE DIFFERENCE

You can save money two ways with VisionCare. First, the cost of plan services and materials is discounted and prepaid. So **except for any co-payments**, you have **no out-of-pocket expenses** for covered services and supplies when you use one of our network doctors. Second, your coverage costs are deducted from your pay *before* any federal income or FICA taxes are taken out. This makes your taxable wage base lower, so you would pay less tax.

Here's an example of how the plan helps you save over the course of a year:

If You Get:	<u>You Pay:</u>			
	VisionCare Doctor	Typical Retail		
Eye Exam	.00	\$ 85.00		
Frame (fashion style)	.00	\$120.00		
Lenses: Bifocal	.00	\$100.00		
Option (pink tint #1 or #2) Co-payments:	.00	\$ 15.00		
\$10 exam/\$20 materials	\$ 30.00	N/A		
Premium (\$6.14 per month x 12)	\$ 73.68	N/A		
Total Cost Pre-tax savings (assuming 18% tax bracket	\$103.68	\$320.00		
& 7.65% FICA)	\$- 18.90	.00		
Net Cost	\$ 84.78	\$320.00		

YOUR TOTAL SAVINGS THROUGH VISIONCARE: 73% OFF RETAIL

In this example, you would have saved \$235.22 in vision care costs with VisionCare Plan. Keep in mind, however, that your actual savings will depend on your plan allowances, your actual premium, the doctors and materials you select, and your own tax situation.

HOW DOES VISIONCARE PLAN WORK?

Members simply select any **in-network** optometrist or ophthalmologist and schedule an appointment. You can locate a provider in your area by accessing the current directory online at **www.humanavisioncare.com**.

The Plan is simple to use. Select a doctor from our provider directory and call for an appointment. At the time of your appointment, present your ID Card to the participating provider. Members will pay only their co-payments and for any extra cosmetic options selected. There are no additional forms to complete or claims to file.

Members can also choose an out-of-network provider. In this case, pay the doctor at the time of the visit and submit receipts to CompBenefits for reimbursement. Benefits are paid according to a reimbursement schedule listed below.

Maximum Allowances		n-network Reimbursement)	
Eye Exam Lenses (per pair) Single Bifocal	Paid in full Paid in full Paid in full	\$35 \$25 \$40	 * If you prefer contact lenses, the plan provides an allowance for your contacts in lieu of all other benefits. ** Medically necessary (prior authorization required) is defined as 1) following cataract surgery w/o intraocular lens; 2) correction of extreme visual acuity problems not correctable with glasses; 3) anisometropia greater than 5.00 diopters and asthenopia or diplopia, with spectacles; 4) Keratoconus; or 5) monocular aphakia
Trifocal Lenticular	Paid in full Paid in full	\$60 \$100	and/or binocular aphakia where the doctor certifies contact len are medically necessary for safety and rehabilitation to productive life.
Contact Lenses Elective (fitting, follow-up & lenses) *	\$130*	\$130*	*** Plan members must first contact CompBenefits for a list of providers and to receive a Refractive Care ID card.
Medically necessary** Frame	Paid in full Paid in full (up to plan limits)	\$210 \$45 retail	This schedule shows only a few of the covered procedures. Please see your Benefit Administrator for a complete schedule. This schedule is intended for comparison purposes only. The benefits of
Truvision network provide Silver Package: \$89 Gold Package: \$1,29 Platinum Package: LASIK (using IntraLa	See Below s when services are received from er with the following preferred rates 5/eye for Conventional LASIK 95/eye for CustomLASIK \$1,895/eye for CustomLASIK plus se technology) OR 0% discount off UCR charges at of and pay no more than \$1,800 per	s: Bladeless ther preferred	each plan will be determined by the contract. For a complete listing of benefits and exclusions and limitations, please reference your certificate of coverage.

CAN I GET CONTACTS INSTEAD OF LENSES?

Conventional LASIK procedure and \$2,300 per eye for CustomLASIK.

Yes. If you prefer contacts instead of glasses, your vision exam is covered-in-full with your exam co-payment and VisionCare Plan provides a generous allowance of \$130.00 to be applied towards your fitting and follow-up fees as well as materials costs. The Contact Lens allowance is in LIEU OF THE LENS / FRAME BENEFIT and is provided with the same frequency as your lens benefit.

CAN I GO ONLINE TO FIND OUT MORE ABOUT MY PLAN OR GET ASSISTANCE?

We are located online at www.humanavisioncare.com where you can learn more about your plan, check your benefits, use our Provider Locator, send us an email, and more.

HOW DO I GET FURTHER QUESTIONS ANSWERED?

You may contact CompBenefits Member Services Department with any questions or concerns at: 1-866-537-0229, Monday – Thursday 8am-8pm; and Friday 8am-6pm EST or locate us on the web at <u>www.humanavisloncare.com</u>.